PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying

23125 7590 09/21/2006

FREESCALE SEMICONDUCTOR, INC. LAW DEPARTMENT

7700 WEST PARMER LANE MD:TX32/PL02

SMALL ENTITY

NO

AUSTIN, TX 78729

APPLN, TYPE

nonprovisional

EXAMINER

KITOV, ZEEV V

4a. The following fee(s) are submitted:

papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

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(Denogitar's name Hudgius (Signature (Date)

TOTAL FEE(S) DUE

\$1700

DATE DUE

12/21/2006

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/508.879 06/13/2005 SCH823TC Alexander Krasin 1120

PUBLICATION FEE DUE

\$300

CLASS-SUBCLASS

361-056000

TITLE OF INVENTION: CIRCUIT FOR ELECTROSTATIC DISCHARGE PROTECTION

ISSUE FEE DUE

\$1400

ART UNIT

2836

	Change of correspondence address or indication of "Fee Address" (37 CFR 1363) Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.	 For printing on the patent front page, list the names of up to 3 registered patent attorneys or agents OR, alternatively, the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 	123		
	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)				
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	(A) NAME OF ASSIGNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
	Freescale Semiconductor, Inc.	Austin, Texas			
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Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card, Form PTO-2038 is attached. Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 503079 (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL-ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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